

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2008 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) <div style="text-align: center; font-weight: bold;">UMY-079</div>	
Application Number 10/773,773 - Conf. #8486		Filed February 5, 2004	
For RNAI TARGETING OF VIRUSES			
Art Unit 1635		Examiner D. H. Shin	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$460	\$230	\$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1050	\$525	\$ <u>525.00</u>
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1640	\$820	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2230	\$1115	\$ _____
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>12-0080</u> .			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. <div style="padding-left: 100px;">Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</div> <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>46,931</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. <div style="padding-left: 100px;">Registration number if acting under 37 CFR 1.34 _____</div>			
<u>/ Debra J. Milasincic, Esq. /</u> <div style="text-align: center;">Signature</div>		<u>July 23, 2008</u> <div style="text-align: center;">Date</div>	
<u>Debra J. Milasincic, Esq.</u> <div style="text-align: center;">Typed or printed name</div>		<u>(617) 994-0781</u> <div style="text-align: center;">Telephone Number</div>	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of <u>1</u> forms are submitted.			

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4). Dated: July 23, 2008 Electronic Signature for Debra J. Milasincic, Esq. / <u>Debra J. Milasincic, Esq. /</u>	
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